

Instructions to Applicants for Registration as Radiation Machine Service Provider

Please [review 32 Ill. Adm. Code 322](#) before submitting an application requesting registration as a Radiation Machine Service Provider.

Submit the completed application with a nonrefundable registration fee of \$100.00 to:

Bureau of Finance
Illinois Emergency Management Agency
1035 Outer Park Dr
Springfield, IL 62704

Your check, payable to IEMA, will serve as your registration fee for the remainder of the calendar year.

You should receive confirmation of your registration from the Agency within 30 days of our receipt of the application.

If you have any questions, please contact Don Agnew at 217-785-9975, or visit our website at www.illinois.gov/iema/nrs/



ILLINOIS EMERGENCY MANAGEMENT AGENCY

Bruce Rauner
Governor

James K. Joseph
Director

Radiation Machine Service Provider
Application for Registration of Persons Who Service or Install
Radiation Producing Machines

Name of Company:
Name of Responsible Person: First Mi Last
Social Security Number: Title:
Company Address:
(Number and Street)
(City) (State) (Zip)
Phone: FAX: Email:

If you are applying as an individual and not as a corporation or other legal entity, you must provide the following information in order to complete the registration process:

Have you defaulted on an educational loan by the Illinois Student Assistance Commission? Yes No

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the registration and making a false statement may subject you to contempt of court. (5 ILCS 1 00/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

Signature _____ Date

IEMA USE ONLY:
Account # RMSP#
Check # Amount Date